FILED

10/10/2007

## UNITED STATES DISTRICT COURT FOR THE J. N NORTHERN DISTRICT OF ILLINOIS

NOV X 8 2007 NOV. 8,2007

MICHAEL W. DOBBINS

IN FORMA PAUPERIS AFFERCATIONICI COURT

AND

FINANCIAL AFFIDAVIT

	v.							
^	•	(7 L CAS 07cv6328						
-}M	0616	JUDGE ANDERSEN						
<del>    11</del>	Defer	ndant(s) INSCOUNTS MAG. JUDGE DENLOW						
		11.00.00						
more ii id	nformatio 'a tha addi	ncluded, please place an X into whichever box applies. Wherever the answer to any question requires in than the space that is provided, attach one or more pages that refer to each such question number and tional information. Please PRINT:						
I. Š	27247 V	declare that I am the light intiff lipetitioner limovant						
/other	ı	) in the above-entitled case. This attidayit constitutes my application (3-10 proceed						
withou	ut full pr	ensyment of fees, or $\square$ in support of my motion for appointment of counsel, or $\square$ both. I also						
declar	a that I a	im unable to pay the costs of these proceedings, and that I am entitled to the relief sought in						
the co	mplaint/	petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the						
follov	ving que	stions <u>under penalty of perjury</u> :						
		ou currently incarcerated?						
1.		ou currently incarcerated?						
	I.D. #Name of prison or jail:							
	Do yo	u receive any payment from the institution?   Yes   No Monthly amount:						
		TNO						
2.		ou currently employed?						
	Monthly salary or wages:							
	Name	Name and address of employer:						
	a.	If the answer is "No":						
		Date of last employment:						
		Monthly salary or wages: 7.00 00						
		Name and address of last employer: A5+15 De II						
		Trying PK. Bensenville IL						
	b.	Are you married? CIYes The						
		Spouse's monthly salary or wages:						
		Name and address of employer:						
3.	Apart from your income stated above in response to Question 2, in the past twelve months have you							
	or anyone else living at the same residence received more than \$200 from any of the following							
	sourc	sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.						
		\ _ <i>\</i>						
	a.	Salary or wages						
	Amo	unt Received by						

	ıt	n or □ other self-employment Received by	□Yes	
c. Amoun	☐ Rent payments, ☐ inte	rest or   dividends  Received by	□Yes	
d.	☐ Pensions, ☐ social se compensation, ☐ unempl	curity,  annuities,  life insurar oyment,  welfare,  alimony or m	nce, □ disabilit naintenance or [ □Yes	ty, □ worl □ child sup □ Saw
Amour	nt	Received by		
e. Amour	☐ Gifts or ☐ inheritance	es Received by	□Yes	
f.		te source:		
Do ye	ou or anyone else living a	Relationship to you at the same residence own any storm.  Current Value:	cks, bonds, sec □Yes	urities or
	· · · · · · · · · · · · · · · · · · ·			
In wh	ose name held:	Relationship to yo	u:	
Do y condo Addr Type In wh Amo	ou or anyone else living ominiums, cooperatives, to ess of property:  of property:  hose name held:  70445  unt of monthly mortgage of	Relationship to you at the same residence own any rewo-flats, three-flats, etc.)?    No-relike     Current value:	eal estate (hous	ses, apartn □ ,00
Do y condo Addr Type In wh Amo Name Prope Curre	ou or anyone else living ominiums, cooperatives, to ess of property: 100 Cooperatives of property: 100 Cooperatives on the cooperative of monthly mortgage of e of person making payment ou or anyone else living a es or other items of person the cooperative of person the cooperat	at the same residence own any rewo-flats, three-flats, etc.)?    Normalia     Current value:	mobiles, boats, alue of more th	trailers, n
Do y condo Addr Type In wh Amo Name Prope Curre	ou or anyone else living ominiums, cooperatives, to ess of property: 100 Cooperatives of property: 100 Cooperatives on the cooperative of monthly mortgage of e of person making payment ou or anyone else living a es or other items of person the cooperative of person the cooperat	at the same residence own any rewo-flats, three-flats, etc.)?    Normalia     Current value:	mobiles, boats, alue of more th	trailers, n

I declare under penalty of perjury that the abo to 28 U.S.C. § 1915(e)(2)(A), the court shall allegation of poverty is untrue.  Date:	Signature of Applicant  (Print Name)	iant my
institutional officer or officers showing all r in the prisoner's prison or jail trust fund accor covering a full six months before you have fil in your own account—prepared by each insti	must also attach a statement certified by the appropreceipts, expenditures and balances during the last six mounts. Because the law requires information as to such accoled your lawsuit, you must attach a sheet covering transact attach where you have been in custody during that six-meter below completed by an authorized officer at each institution.	nths unts ions onth
(Incaro	CERTIFICATE cerated applicants only) by the institution of incarceration)	
I certify that the applicant named herein,	, I.D.#, has the su	m of
	dit at (name of institution)	
I further certify that the applicant has the fol	llowing securities to his/her credit: I fu	rther
	applicant's average monthly deposit was \$	
(Add all deposits from all sources and then		
DATE	SIGNATURE OF AUTHORIZED OFFICER	_

rev. 10/10/2007

(Print name)